

# Penn Chemistry NMR Facility

## NMR User Account Request Form

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### User Information

Last Name:

Penn ID:

First Name:

Position:

Department:

Address:  
(Bldg/Room No.)

Phone:

Email:

(upenn phone number only)

(upenn email address only)

**NMR spectrometer  
operation experience:**

Bruker

Varian

Jeol

**Briefly describe your previous NMR experience:**

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### Advisor Information

Last Name:

Department:

First Name:

Phone:

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

**By signing, the user agrees to abide by the rules and regulations of the Penn Chemistry NMR Facility.**

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**By signing, the Advisor agrees to be responsible for the cost of repair not covered by warranty or service agreements, should there be any damage caused by the user.**

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### Facility Use ONLY

User ID:

Password:

Checked out by:

Date: